

The Honorable Lauren King

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity  
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF G.K.L.

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ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, G.K.L., declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I have chosen to submit this declaration using only my initials, and to identify my  
5 children as Child A and Child B, because I am fearful that the government could retaliate against  
6 me or my children. I also am fearful that individuals emboldened by recent actions of the Federal  
7 Government would target my family for speaking out.

8 3. I am married and the parent of three children, two of whom are transgender.  
9 Child A, a 23-year-old, is transgender and non-binary. Child B, a minor aged 14-years-old, is a  
10 transgender girl.

11 4. Child A was assigned female at birth but is non-binary and uses they/them  
12 pronouns. Child A is in their mid-20's, is starting their education career, and happily lives with  
13 their boyfriend. Child A came out when they were 18, during the COVID lockdown. Since  
14 Child A came out when they were in college and legally an adult, the family was less able to  
15 support them, with things like paperwork and updating critical documents. They had varying and  
16 difficult experiences with professors, and they lost friends after coming out. This transition was  
17 marked with great emotion. As part of their transition, Child A had gender-affirming "top"  
18 surgery. Despite this earlier tumult, Child A is happy now that they live authentically as  
19 themselves and engages in positive, supportive, and uplifting experiences now.

20 5. My youngest child, Child B, is a transgender girl, which means her gender  
21 identity is female, although she was assigned a male gender at birth.

22 6. Although we didn't have the language for it at the time, the first indication that  
23 Child B's gender identity was not consistent with her sex assigned at birth occurred in  
24 approximately 2014, when she was around three years old. We noticed immediately that Child B  
25 was different than her siblings. For example, Child B would wear pajama bottoms on her head  
26 like a wig. When questioned, she would either admit to that she was pretending she had a long

1 head of hair, or claim that the pants were merely a “head warmer.” She continued wearing pajama  
2 pants on her head even into the summer months. She also seemed hyperaware of societal  
3 expectations about what boys did and what girls did. If guests came over while Child B was  
4 dressed up in a “girly” costume, she would run and hide. Screaming and crying were common  
5 during these times. Child B’s feeling that she had to meet societal expectations about gender  
6 caused her significant distress. There really is no adequate way to describe what those years were  
7 like and how different her development really was from the expected norm. Until you live  
8 through it, these facts seem not too different from any other childhood “theatrics.” They are far  
9 from it.

10 7. Over the course of three years, my husband and I conducted significant research  
11 on gender identity and sought guidance from medical providers, the trans community, and my  
12 Christian religious community. Indeed, it was a pastor with whom our family is close that put us  
13 into contact with members of the LGBTQ community who helped us learn about how important  
14 it was that we support Child B. Ultimately, the medical information convinced us that it was  
15 necessary that we support Child B in being who she is.

16 8. Child B socially transitioned at six years old. Child B was ecstatic when my  
17 husband and I supported her transition, a joy she promptly demonstrated by marching out the  
18 front door and loudly pronouncing herself to the world. Shortly after she came out, Child B’s  
19 friends invited her to their house, where they gave her a large bag of hand-me-down clothing;  
20 she was tremendously grateful and validated by this gesture. In fact, Child B did not lose a single  
21 friend.

22 9. Child B socially transitioned shortly before beginning the first grade. She  
23 attended the same elementary school as both of her older siblings, which was helpful because  
24 we had a positive relationship with that school’s principal. My husband and I spoke with the  
25 principal in August before school began and informed him of Child B’s transition, to which he  
26 was totally supportive. We discussed accommodations for Child B’s restroom needs and asked

1 that he keep her transition a secret, which he did. Child B had no issues using the restroom.  
2 While it was not widely known she was transgender, there were classmates and families who did  
3 know her from before her transition at the same school. On one occasion during recess in Child  
4 B's first grade year, she deemed the principal was trustworthy enough to run up to and hug.  
5 Although her principal was surprised by this, his continuous support proved to Child B that she  
6 was safe. I recall the principal noting that his observations of Child B from before her transition  
7 were of a quiet and reserved child. He was surprised to see her transformed into this outgoing,  
8 boisterous, and happy child playing with her friends on the playground.

9 10. Although Child B's elementary school experience was undeniably positive, we  
10 were aware when she moved onto sixth grade, that the middle school's principal was more  
11 conservative and less accommodating of trans students, which gave reason for her to lay low  
12 throughout junior high. Now in ninth grade, her high school has been supportive to date, though  
13 Child B is "stealth" at school. Child B still has the same friends from her early childhood who  
14 know she is transgender and who are protective of her. She also has newer friends who seemingly  
15 do not know and accept her for who she truly is. We know how lucky Child B has been to have  
16 a mostly supportive and uneventful experience with school.

17 11. When we first started researching and speaking with Child B's doctors, we were  
18 informed that one of the criteria is that a child must be consistent, persistent, and insistent to  
19 begin gender-affirming treatment. Child B checked each of these boxes going into treatment and  
20 has showed no signs of wavering. It is an extensive process. No one ever wants to misdiagnosis  
21 a child with any condition. A day I consider a turning point in my relationship with Child B  
22 occurred shortly after her social transition. We were sitting together, and in discussing her  
23 transition, I told her that if she felt this way when older, there were things doctors could do to  
24 help her to look and feel like a girl. She was immediately hopeful and asked if we could do those  
25 things then.  
26

1           12. Child B started taking puberty blockers shortly after puberty began, and soon  
2 after began taking estrogen; she has only truly experienced female puberty. To even start puberty  
3 blockers, Child B was thoroughly evaluated and, as a family, we were thoroughly informed of  
4 the implications of her treatment before it started. The vetting process and the information  
5 provided was thorough in a way myself or my husband has not ever received for any other  
6 medical condition or treatment. One commonly overlooked component of gender-affirming care,  
7 particularly puberty blockers and hormone therapy, is that bodily changes are closely tracked  
8 through quarterly blood exams that analyze the body's hormone levels, including testosterone.  
9 Child B is closely and consistently monitored by her medical providers, and her testosterone  
10 levels are at the bare minimum, indicative of successful treatment.

11           13. One of the things important to Child B's gender identity was her height; both her  
12 father and one of her siblings are over six feet tall, and she worried a lot about being that tall.  
13 There are also taller women in our family. She would talk about how she wanted to be taller than  
14 Child A, but shorter than me. After speaking with Child B's medical providers, we learned that  
15 her height can somewhat be influenced both by the timing of her estrogen treatment and how  
16 quickly her estrogen levels increase over time. It is important to note that her treatment is still  
17 within the boundaries of typical range of puberty for cisgender girls. Child B's doctor was  
18 confident that she, without medical intervention, would also grow to over six feet tall. However,  
19 by starting estrogen treatment at the outset of puberty, and increasing her estrogen levels a bit  
20 more quickly over time, Child B's height has slowed and has grown to around five and a half  
21 feet tall. Because one aspect of height can be influenced by the timing and amount of estrogen  
22 treatment, Child B is asked at each doctor's appointment whether they are happy with their  
23 growth, and she and her doctor talk about whether and how her levels need to be adjusted. It is  
24 just one example of the level of care Child B receives. Due to these regular and detailed visits  
25 for Child B, I have learned a great deal more not about just Child B's body, but about the human  
26 body in general and, as a result, my own body too.

1           14. Child B has thrived since she transitioned and began receiving gender-affirming  
2 care. Child B is the same as any other child her age. She loves gaming, often playing with her  
3 friends online, and spends a lot of time in-person with friends too. Recently, she attended her  
4 first homecoming dance, at which she was made to feel welcome and accepted by a large group  
5 of friends. Child B also loves volleyball. She is a good player, but by no means is she a top  
6 competitor with a competitive advantage. She's just like any other member of the team. This  
7 year, she chose not to try out for the high school team.

8           15. I am aware of the Executive Order putting conditions on gender-affirming care  
9 for youth. Although I understand that executive orders are not law, I also understand that he is  
10 directing agencies to withhold funding from hospitals and programs that provide gender-  
11 affirming care.

12           16. Our family has worked hard to insulate Child B from divisive political rhetoric  
13 aimed at the transgender community. For example, after Child B came out, I had to cut off  
14 contact with my family because they were unaccepting, and we had to limit contact with my  
15 husband's family too. We did this to protect Child B. Regardless, in the past month, we've had  
16 several conversations about the political climate. Among other things, we've talked with Child  
17 B about why we think it's important that she keep the fact that she's transgender private.  
18 Although we're not worried about what her friends might think, we're worried about what adults  
19 in their lives might say or do. Child B also has a planned out of state school trip. We've made  
20 plans about how and when to change her estrogen patches, so that we don't have to risk flying  
21 with them in our luggage, even though we have a valid prescription for them. We've debated  
22 whether we should even go on the trip, given the current climate.

23           17. As of now, Child B's gender-affirming medical care has not been disrupted. Her  
24 care is covered under my husband's work-sponsored health insurance, which explicitly covers  
25 gender-affirming care. However, we worry what may happen if Child B's access to puberty  
26 blockers and estrogen is cut off. We have made contingency plans to ensure that Child B can




1 continue to receive the medical care that she needs, and have also discussed leaving Washington,  
 2 or even the United States, to get Child B the care she needs. But we don't want to leave.

3 18. We feel hunted in the current political climate. Although I was previously a  
 4 person who kept up with the news, for my own health, I have had to stop doing that as political  
 5 rhetoric has shifted. My husband and I deleted our social media accounts to avoid seeing anti-  
 6 trans posts as well. We now only use end-to-end encrypted platforms for maintaining  
 7 connections with other families with transgender children. We've become extremely security-  
 8 cautious out of fear that we could be identified and targeted by the Federal Government or  
 9 transphobic individuals.

10 19. We know that Child A and Child B have been very privileged to be born into a  
 11 family that loves and accepts them for exactly who they are and have the resources to obtain the  
 12 care they need. But not every transgender child is so lucky. I look forward to the day that a child  
 13 identifying their gender will be treated like any other childhood developmental milestone.

14 I declare under penalty of perjury under the laws of the State of Washington and the  
 15 United States of America that the foregoing is true and correct.

16 DATED this 18th day of February 2025.

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 20 G.K.L.  
 21 Parent of Child A and Child B  
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